



## Request for Reasonable Accommodation Form for Persons with Disabilities

The purpose of this form is to provide you an opportunity to request reasonable accommodations. Please complete this form if you would like to submit your request. Staff will gladly assist you if you need assistance in completing this form.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: --

I am requesting a reasonable accommodation be made. I am requesting:

\_\_\_\_\_

Do you or any member of your household have special needs? ☐ Yes ☐ No

If yes, please complete the following:

| NAME | DATE OF BIRTH | SPECIAL NEEDS  |
|------|---------------|----------------|
|      |               | _____<br>_____ |
|      |               | _____<br>_____ |
|      |               | _____<br>_____ |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

Request Referred To: ☐ Housing Specialist ☐ Housing Supervisor ☐ Other: \_\_\_\_\_

Action Taken: \_\_\_\_\_

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<http://affordablehousing.chandleraz.gov>  
Ph.(480)782-3200•Fax (480)-782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225